CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT	
PATRICK T. BOYLAN NV. ST. BO OF EDUCATION Name (print) O Office (if applicable) COLL	District (if applicable)
NASTO WILLIAM VISTA HIE, KV. NV, 87/21	702 Block - Coffee
Mainth Address (include city and zip code)	Telephone No.
E-Mail Address	
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP	AMENDED MANNUAL FILING
Annual Filing - Due January 15, 2004	<u> </u>
Period: January 1, 2003 – December 31, 2003	FILE Ja
Depart #4 Due August 24 2004	1
Report #1 — Due August 31, 2004 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004	JAN 1 5 2005 1 12
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 — Aug 26, 2004 All others Period: Jan. 1, 2004 — Aug. 26, 2004	ninhow
Bailot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004	DEAN HELLER SECRETARY OF STATE
Report #2 Due — October 26, 2004	SECRETART OF STATE OF
Period: Aug. 27, 2004 — Oct. 21, 2004	<u>. </u>
Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004	
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004	eregation of the second of th
Annual Filing – Due January 15, 2005	
 Period: January 1, 2004 – December 31, 2004 Third Report suffices for 2005 Annual Filing if candidate also filed Report No 	os. 1 and 2
	C
CONTRIBUTIONS SUMMARY	Cumulative From Beginning
	of Report Period This Period #1 through End
	of This Reporting
Total Monetary Contributions Received in Excess of \$100	Period
•	TO I
Total Monetary Contributions Received of \$100 or Less	
This Period Cumulative Fro	om ·
Report Period # Through End of	
This Reporting Period	
Total Amount of Monetary Contributions Received	
(Add Lines 1 and 2)	
Total Value of In Kind Contributions Received in Excess of \$100	
EXPENSES SUMMARY	and the second s
	<i>(</i>)
5. Total Monetary Expenses Paid in Excess of \$100	116 00
Total Monetary Expenses Paid of \$100 or Less Total Amount of All Monetary Expenses Paid	145
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess	11000
of \$100	
	•
AFFIRMATION	
Declare Under Penalty of Perjury Thay the Foregoing is True and Correct.	
Declare Under Penalty of Perjury That the Foregoing is True and Correct.	
Declare Under Penalty of Perjury That the Foregoing is True and Correct.	1-10-05

District (if applicable)

PATRICK J. BOYLAN

NV. 57. BD. OF ROUGHTION

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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		-	

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NV · ST · BD · OF EDUCATION
Office (if applicable)

District (ikapplicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PATRICIC J BOYLAN

NN ST.BD. OF EDUCATION
Office (if applicable)

District (if applicable)

Office (n applicat

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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PATRICK J. BOXLAN

NV ST. BD OF ROUGHTON

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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XV.ST. BD OF EDUCATION Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
·		.,	
			: -:
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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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